

Health Professions Student Training Learning Collaborative Quality Improvement Training

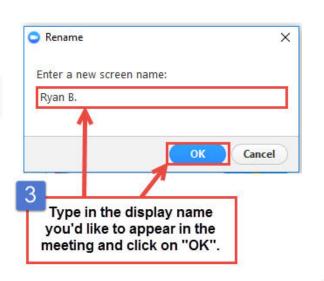
Monday February 10th, 2025



Get the Most Out of Your Zoom Experience

- Please keep yourself on MUTE to avoid background/distracting sounds
- Use the CHAT function or UNMUTE to ask questions or make comments
- Please change your participant name to your full name and organization
 - "Meaghan Angers CHCI"







Quality Improvement Training Agenda

3:00-3:05pm	Welcome and Review Agenda	
3:05-3:15pm	Foundation for Effective Meetings	
3:15-3:35pm	How to Make Your Team Work	
3:35-3:50pm	Communication Plan and Stakeholder Analysis	
3:50-4:00pm	Activity: Stakeholder Analysis and Communication Plan	
4:00-4:10pm	00-4:10pm Introduction to Playbooks	
4:10-4:15pm	Wrap Up, Next Steps, and Evaluation	



Quality Improvement Training Objectives

- Understand the effective use of quality improvement tools during participation in the learning collaborative opportunity
- Use skills with their teams during their participation in the learning collaborative opportunity
- Gain knowledge on how to use a playbook to standardize and spread processes and tools



Quality Improvement Trainers

- Deborah Ward, RN, Quality Improvement Consultant WardD@mwhs1.com
- Kathleen Thies, PhD, RN, Consultant, Researcher ThiesK@mwhs1.com



MORE THAN WHAT WE DO. IT'S WHO WE DO IT FOR.





MOSES/WEITZMAN Health System

Always groundbreaking. Always grounded.

Community Health Center, Inc.

A leading Federally Qualified Health Center based in Connecticut.

ConferMED

A national eConsult platform improving patient access to specialty care.

The Consortium for Advanced Practice Providers

A membership, education, advocacy, and accreditation organization for APP postgraduate training.

National Institute for Medical Assistant Advancement

An accredited educational institution that trains medical assistants for a career in team-based care environments.

The Weitzman Institute

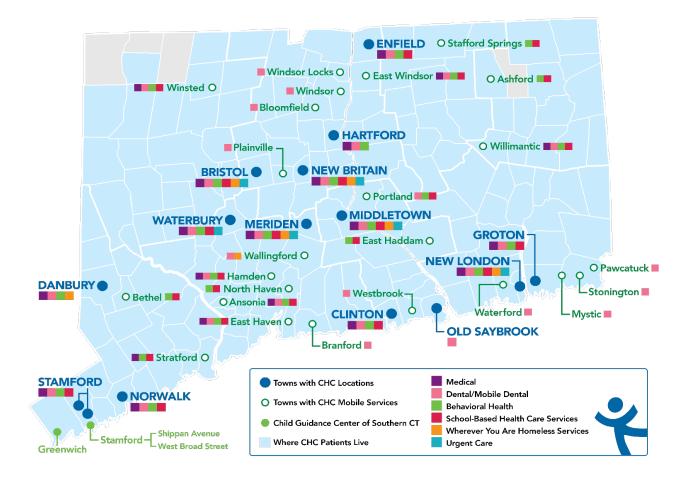
A center for innovative research, education, and policy.

Center for Key Populations

A health program with international reach, focused on the most vulnerable among us.



Locations & Service Sites





THREE FOUNDATIONAL PILLARS				
1	2	3		
Clinical Excellence	Research and Development	Training the Next Generation		

Profile

Founding year: 1972

Annual budget: \$140M

Staff: 1,140

Active Patients: 150,000

SBHCs across CT: 153

Students/year: 14,522

Year	2021	2022	2023
Patients Seen	99,598	102,275	107,225



National Training and Technical Assistance Partners (NTTAP) Clinical Workforce Development

Provides free training and technical assistance to health centers across the nation through national webinars, learning collaboratives, activity sessions, trainings, research, publications, etc.

Team-Based Care Fundamentals of

- Fundamentals of Comprehensive Care
 Advancing Team-Based Care
- Postgraduate Residency and Fellowship Training

 Health Professions Training

Emerging Issue HIV Prevention



Preparedness for Emergencies and Environmental Impacts on Health



Foundation for Effective Meetings





Discussion Question

What are some common frustrations you've experience during a group meeting?

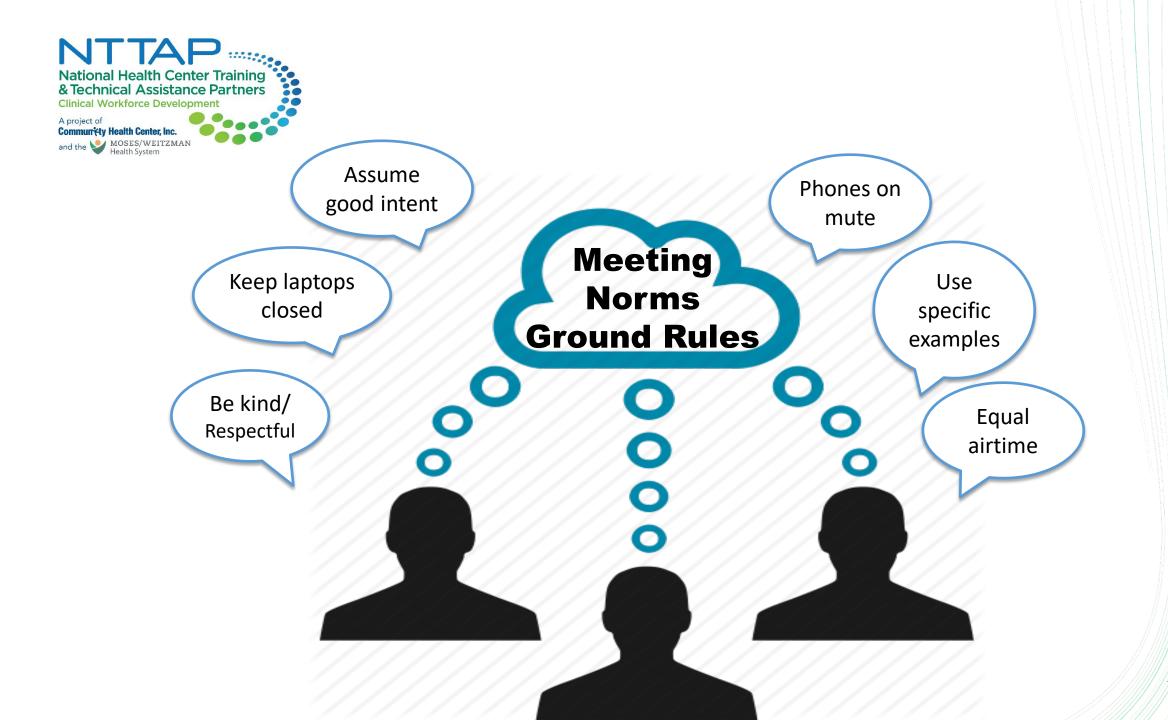
Insert answer in the chat or unmute yourself



Define Teams and Roles

- ✓ Who should be on the team?
- ✓ Establish meeting times and days
- ✓ Video or in-person?

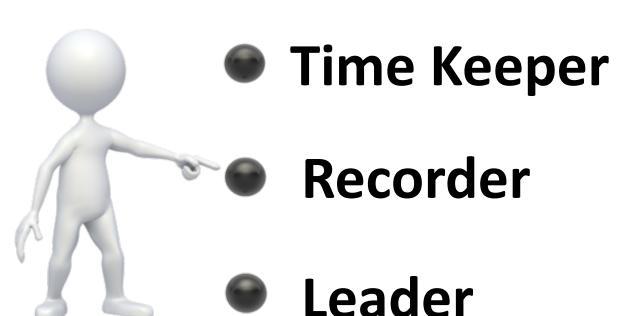






Meeting Roles

Facilitator/Coach





Knowing the Difference





Questions to ask yourself BEFORE every meeting:

- ✓ What do I need from this meeting?
- ✓ What do I already know about this topic?
- ✓ What do I expect I/we can do/have after the meeting that I cannot do/have now?
- ✓ What do I need from other members from this team?
- ✓ What can I personally contribute to this team/project?



Questions to ask yourself AFTER every meeting:

- ✓ My expectations were met by...
- √ These are the things I can improve for the next meeting...
- ✓I was surprised to discover...
- ✓I commit to improving these skills...
- ✓ My personal action items to improve future meetings...



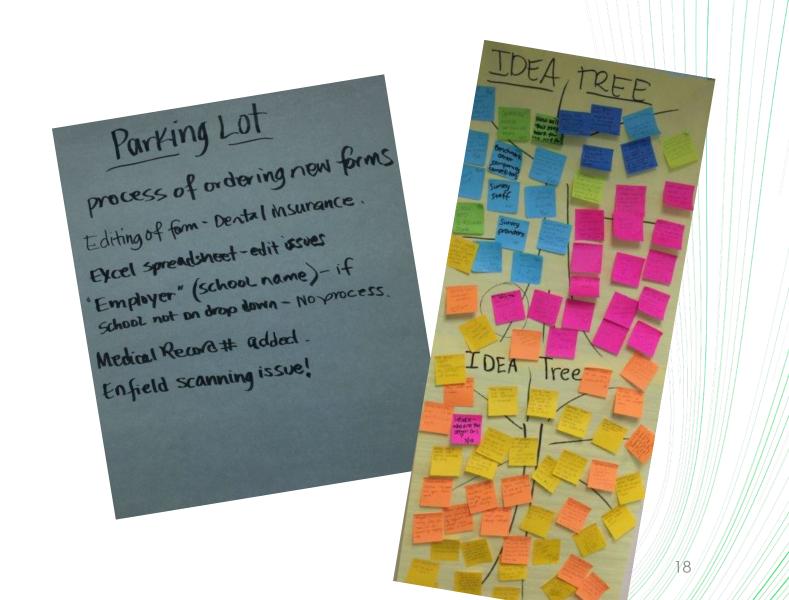
Agenda

Department:
Time of Meeting:
Meeting Location:
Participants:

Aim of Team or Project:				
Time	Item	Aim/Action		
	Clarify objectives	Leader reviews objectives		
	Confirm meeting roles	Use meeting role cards to assist each member on expectation of that role		
	Review agenda	Leader quickly reviews agenda items. Time keeper tracks time for each item. Recorder tracks action items.		
	Work through each agenda item	Track action steps for each item to be completed (use action planning template)		
	Review meeting record and action plan	Recorder reviews with team		
	Plan next agenda	Leader and/or facilitator helps group create agenda items based on action plan and next steps		
	Team assigns meeting roles for next meeting	Team members decide on which roles they will take on for next meeting		



Other Helpful Tools





How to Make Your Team Work





Discussion Question

What committees/teams have you been on that worked well and why?

Insert answer in the chat or unmute yourself



Discussion Question

What committees/teams have you been on that did not work well and why?

Insert answer in the chat or unmute yourself



Baseball Teams

- Know the roles of the pitcher, catcher, basemen, outfielders...and the umpire.
- They have a manager.
- They have a coach.
- Batters have studied how pitchers pitch; pitchers have studied how batters bat.
- They know their scores. And the scores of other teams.
- They know different ball parks and where the boundaries for a home run are.
- They know their fans.
- They practice....a lot.
- They stay in shape.





Team Development

Team Handbook

- Forming
- Storming
- Norming
- Performing

Normalization Process Theory

- Coherence
- Cognitive Participation
- Collective Action
- * Reflexive Monitoring



Stages of Team Growth

1. Forming

Getting started, excitement and anxiety; seek clarity of purpose but going off on tangents; setting boundaries and expectations

2. Storming

Conflict arises, work/purpose different or more difficult than expected; dissatisfaction with progress, different points of view emerge, pecking order and factions emerge

3. Norming

Competition yields to cooperation; members build confidence, trust, a sense of cohesion; delve into the work; tolerate missteps

4. Performing

Settled into relationships and expectations, better understanding of each other's strengths and weaknesses; can "revise on the fly"



Normalizing Change: What We Know

Before you can change practice, you must change the individuals who work in the organization--that is, their values, attitudes, relationships, skills, and behavior. NOT a linear process!

- Start with changing their minds [values, attitudes] about the work ahead....coherence.
- Build relationships and ownership about <u>how</u> the work will be done....cognitive participation.
- Get into the weeds of the work together, develop new skills, try new ways of working....collective action.
- Track your progress and revise as needed....reflexive appraisal.



Establish Coherence About Work Ahead

- Coherence is about clarity of purpose, expectations and value.
- Why are we here? How is the learning collaborative different from other projects?
 - ▶ Be clear that the collaborative is only a kick start to advancing team-based care.
 This is a long term commitment!!! It will not end in 8 months.
- Who is in charge?
 - Differentiate between "meeting role leader" and "project leader" who is the person responsible for driving the work and reports to leadership.



Establish Coherence About Work Ahead

- What is expected of us? Of me?
 - Clarify expectations, explain meeting rules and role of coach, set regular time to meet, expect members to be at meetings and to contribute.
- Is this worth my time?
 - ➤ Build value. Create a vision. Earn trust.

Failure to build coherence from the start leads to conflict, and will make it impossible to move forward.

People will stop coming to meetings.





Promote Cognitive Participation

- Cognitive participation (really relational participation) is the relational work of team-work: Do we have the right people? How do I fit in?
- Develop **ownership** for doing the work of the collaborative and for advancing team-based care, not "buy-in." Looking for "buy-in" is to sell an idea people may not want to "buy." *Do we all want the same thing?*
- Everyone has something to offer so be sure they do or help them develop new skills.



Promote Cognitive Participation

Manage conflict in the meeting. No "hall meetings."

• Use a **shared mental model** for how the work will be done: the Improvement Process is a highly effective systematic approach.

Are we on the same page?

Without ownership and a shared mental model for how to do the work, the team lacks direction and gets frustrated.

The loudest voice wins.



Engage in Collective Action

- Collective action is the operational work of teams: important to have a shared mental model, a systematic approach— Improvement Ramp!
- The team is delving into the work, "in the weeds" of change, which is always more
 detailed oriented than people expect.
- What does the data tell us? Is it valid? Is this the right specific aim?
- Trust each other's expertise and commitment, are accountable for assigned tasks.
 Progress is being made. Is everyone engaged?
- Split up the work as needed: Are the right people doing the right tasks?
- Develop new skills as needed. The team has access to resources: technology, time, data, key personnel (like IT) — managing up to get it.



Engage in Collective Action

If some people are doing all of the work, some are not doing their share, if the systematic approach isn't used, if resources are not available—trust erodes and work doesn't get done.





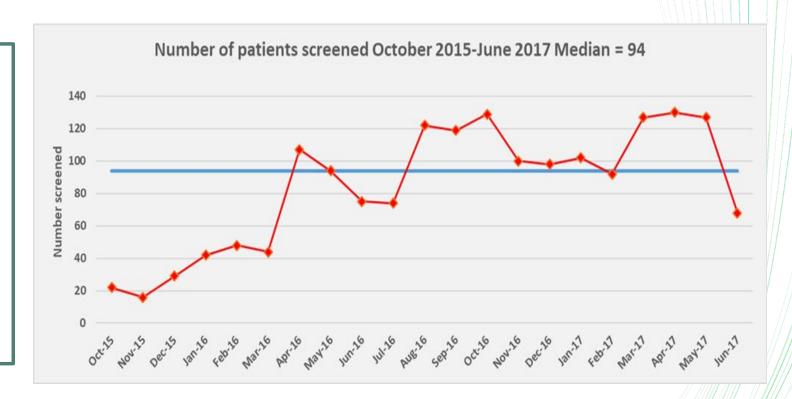
Practice Reflexive Monitoring

- Reflexive Monitoring is the appraisal work that people do to assess and understand how change is working. It does not end.
- The team measures and tracks results, talk about spread to other parts of the organization. Is this working out?
- As they evaluate the work, they may make changes to refine it, or to adapt it to other settings. What fine-tuning do we need to do to make sure it is sustainable?
- The appraisal is both personal as well as collective. Individuals may express
 personal pride in what they've learned, the team as a whole might feel
 good, and see growth in their ability to work as a team. Their efforts were
 worthwhile. We make a good team. I got a lot out of this.



Practice Reflexive Monitoring

Without reflexive monitoring, the work cannot spread, be sustained, or be revised/improved as needed.





Sources of Conflict

Lack of Coherence

➤ I don't know who is in charge. I don't understand the purpose. I don't know what is expected. I don't value this.

Lack of Relational Work/Cognitive Participation

No ownership. Not on the same page. No shared mental model of how to do the work. Jumping to solutions before determining what the issue is. No direction. Too many loud voices. I don't know where I fit in. Insecurity about being a team member.



Sources of Conflict

Lack of Collective Action

Insufficient resources and administrative support. Failure to use shared mental model/systematic approach. Wrong set of skills/won't develop new ones. Slackers and the overworked. Lack of engagement.

Lack of Reflexive Monitoring

➤ No tracking. Pilot becomes policy without testing spread. No sense of accomplishment —I wasted my time.



Developing a Stakeholder Analysis & Communication Plan





Why do you need a plan to engage and communicate with stakeholders?

- Control the narrative: drive the story of the work you are doing by being proactive; don't leave it to others to guess.
- Communicate on a regular basis with stakeholders in different parts of your organization
- Make sure that the group implementing the innovation shares a consistent message
- Anticipate/address concerns, questions and challenges.



Step 1. Identify stakeholders

A stakeholder is someone/some department who has something to gain or lose when change is introduced.

- Who is currently involved in the work that will change?
- Who currently oversees this work? Who currently is accountable for the outcomes of the work?
- Who will be affected by changing how this work is done and how? New roles? New workflows? New responsibilities?
- What departments or sites need to be involved? Who are their leaders and how to you get to them? (Site Directors, HR, IT, etc.)
- What is the opinion of the stakeholders regarding the planned change: Against? Supportive? Doesn't matter one way or the other.



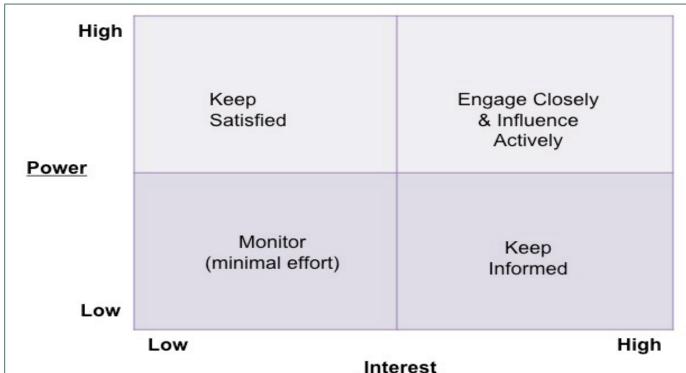
Table 1. Example of identifying stakeholders

<u>Stakeholder</u>	Strongly against	Moderately against	<u>Neutral</u>	Moderately supportive	Strongly supportive
<u>Providers</u>				<u>C</u>	<u>D</u>
<u>IT</u>		<u>C</u>		<u>D</u>	
<u>HR</u>			<u>C D</u>		
Nursing			<u>C</u>		<u>D</u>
Reception	<u>C</u>			<u>D</u>	
Other stakeholder					

C= current position D= desired position Who do you need to influence in what direction?



Step 2. Analyze the position of stakeholders relative to their power and interest.



What are the formal channels through which each stakeholder gets important information?
The informal channels?



Step 3. Communication plan: Who, what, when, where, why, how

COMMUNICATION PLAN FOR IMPORTANT PROJECT DATE: November 2023 PROJECT LEAD: Mrs. Peacock

Who: Stakeholder	Why communicate with this person?	What: Message(s) for this person	Who: Who in your project group is in the best position to communicate with this person?	When and how often?	How: What venues or media will be used?
Mr. Green, CEO	Has invested in time for us to meet. Will need his/her support to implement the innovation.	Assure him/her that we are using time well. Update on progress of group, lessons learned from other groups, ideas for implementation and application. Keep good energy.	Colonel Mustard, Director of Big Department and Project Lead	Monthly meeting of directors. One-on-one meetings as appropriate to request resources as needed or ask advice.	Oral report monthly but written report added to meeting minutes.



Final Advice

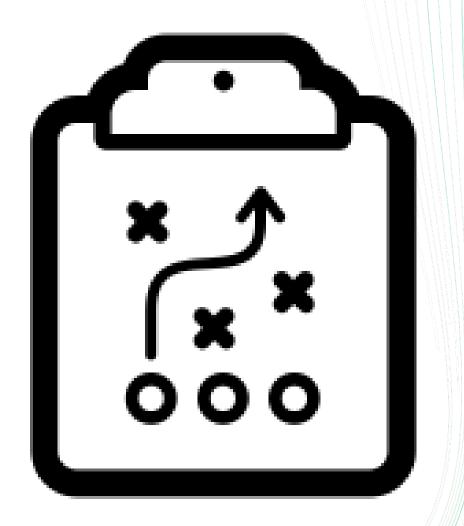
- Managing up: communicating with someone above you in leadership
- Be clear about expectations
- Manage their expectations about your work
- Manage the relationship between this leader and your work group
- Leaders often move on to the next BIG Thing and suddenly promised resources disappear
- Leaders want things to move more quickly and are convinced they have the solutions—you need to explain how your group works and why
- Your boss has a boss: don't leave your boss out on a limb
- Speak with one voice and stay on message
- Don't gossip or complain about your work group: it erodes trust
- Ask for advice, suggest solutions



Activity Stakeholder Analysis & Communication Plan



Introduction to Playbooks





What is a Playbook?

- Collection of processes and tools that have been tested using improvement science and resulted in a 'way we want process done'.
- Playbook serve as repository for standard processes (SDSAs), ensuring improvement does not 'slip'.
- The purpose is to provide a common and easy to access place to post and search all standardized processes and tools – using technology.

Quality by Design, 2007



What is a playbook & Why is it important?

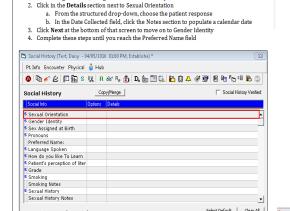
Sexual Orientation and Gender Identity (SOGI) Playbook

Playbook Table of Contents

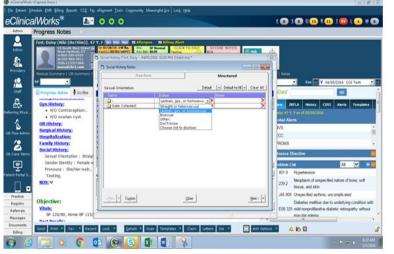
- **#1. SOGI Questionnaire**
 - #1a. Administering the SOGI Questionnaire in a Medical Provider Visit
 - #1b. Administering the SOGI Questionnaire in a Nursing Visit
 - #1c. Administering the SOGI Questionnaire in a Behavioral Health Visit

1. In the Progress Note, navigate to the Social History Section

- #2. Documenting patient responses in eCW
 - #2a. Documentation for Transgender Patients
- #3. Patients with complete SOGI Profiles
- #4. Reporting SOGI Data



Sexual Orientation and Gender Identity (SOGI) Playbook





Key Steps:

Cube Report available from the CHC Analytics server

- 1. Sexual Orientation
- 2. Gender Identity
- 3. Pronouns
- 4. Sex Assigned at Birth

	A	8	C	D	Ε	F		G	Н
1	Sexual Orientation					Gender Identity			
2	Calendar Date	Last 12 Months 3				Callendar Date	Last 1	2 Months 4	r
3	Age	(Multiple Item: 3				Age	(Multi	ple Item: 4	r
4	Provider	(Multiple Item: 3				Provider	(Multi	ple Item: 4	
5									
6	Rom Labels -	Patients	Patients with Office Visit			Row Labels	 Patient 	ts	Patients with Office Visit
7	Bisexual	8	0.19%					:	0.02%
8	Choose not to disclose	5	0.12%			Additional gender category/Other, please specify:			0.05%
9	Don't know	2	0.05%			Female		134	3.19%
10	Lesbian, gay, or homosex.	12	0.26%			Male		117	7 2.78%
11	Other:	4	0.10%			Transgender Female/Trans Woman/Male to Female		-	0.10%
12	Straight or heterosexual	232	5.54%			Transgender Male/Trans Man/Female to Male (FTM)		0.05%
	Unreported	4693	93.74%			Unreported		4696	93.81%
	Grand Total	4956	100.00%			Grand Total		4951	100.00%
15									
16									
17									
1	Prenoun					Sex Assigned at Birth			
	Callendar Date	Last 12 Months 4				Cal endar Date		2 Months -1	
	Age	(Multiple Item: 7				Age		ple Item: 4	
	Provider	(Multiple Item: 7				Provider	(Multi	ple Itema	
22									
			Patients with Office Visit				Patient	ts	Patients with Office Visit
	He/Him	116	2.76%			Choose not to disclose			2 0.05%
	She/Her	124	2.97%			Female		135	
	They/Them	1	0.02%			Male		126	
	Unreported	4715	94.25%			Unreported		4693	
	Grand Tetal	MCC	100.00%			Grand Total		200	100 00%

IHI.org
Geisinger Quality Institute



Playbook Checklist

- ✓ Process Maps
- ✓ Role Responsibilities
- ✓ Protocols
- ✓ Standing Orders
- ✓ Data Collection Tools
- ✓ Pictures or Visuals

Quality by Design, 2007

Nam	ne of Process:	
Con	tact Person:	
Whi	ch of the following are includ	ed in this section?
	Process Maps and Role Res	ponsibilities
	П	
	Protocols Standing Orders	Forms
	Data Concensia Tools for it.	Measuring and Monitoring Standards Implementation
_		
_	o	
_	o	
	U Uisuals and Pictures	
	Uisuals and Pictures	
	Uisuals and Pictures	
	Uisuals and Pictures	
	Visuals and Pictures	
	Visuals and Pictures	
_	Visuals and Pictures	
□ WH upda	Visuals and Pictures O will observe, review and ate?	(Name)



Playbook Template

Play #1 – (Who is Involved in this step)	
	(Title)
Overview:	
Key Steps	
•	
Process flow instructions and flow map:	
(Copy/paste process flow below)	
Strategy	
This play begins the eight-stage process of creating major change in an organization. Change Management Component: Play #1 helps to establish the sense of urgency with the	
identified organization, brings the team together to examine data and realities of the curre	
process, potential crises and major opportunities and how these can be enhanced by implementation of CECN eConsult model.	
imperioritation of occit account model.	

The Implementation Manager will coordinate all meetings and communications with initial team.

Ownership and Involvement

Primary contacts in this play will include XXXXX.

48



Questions?



Wrap-Up



Pre-Work: Introduction & Assessments

Collaborative begins on Friday February 14th!

- Prepare a brief introduction slide deck (2 slides/2 min) about your team and your goals for participation in the Collaborative to present in Session 1; Send slides to angersm@mwhs1.com by Wednesday February 12th
- As a team, review and complete Readiness to Train Assessment Tool (RTAT): https://Qualtrics.ca1.qualtrics.com/jfe/form/SV_dcBcYq89sq4KMHI
- Ask each team member to complete the Organizational Readiness to Implement Change (ORIC): https://Qualtrics.ca1.qualtrics.com/jfe/form/SV_3dR57DJTbtlxpfo



Weitzman Education Platform

Weitzman Education Platform – this will serve as the platform to receive CE credits for each learning session and access recordings/slide decks/resources:

- Register for the course here: https://education.weitzmaninstitute.org/content/nttap-health-professions-student-training-learning-collaborative-2025
- Access Code: HPS2025
- If you do not have an account, follow these instructions:
 https://education.weitzmaninstitute.org/user/register
 - Choose a username, password (save it somewhere safe so you can continue to use it!), and fill out some basic user information.
 - Click Create New Account.
 - If you encounter any technical difficulties, please reach out to myself or submit a ticket.



Explore more resources!

National Learning Library: Resources for Clinical Workforce Development

National Learning Library



CHC has curated a series of resources, including webinars to support your health center through education, assistance and training. CLINICAL WORKFORCE
DEVELOPMENT
Transforming Teams, Training the Next Generation

The National Training and Technical Assistance Cooperative Agreements (NCAs) provide free training and technical assistance that is data driven, cutting edge and focused on quality and operational improvement to support health centers and look-alikes. Community Health Center, Inc. (CHC, Inc.) and its Weitzman Institute specialize in providing education and training to interested health centers in Transforming Teams and Training the Next Generation through;

National Webinars on advancing team based care, implementing post-graduate residency training programs, and health professions student training in FQHCs.

Invited participation in Learning Collaboratives to advance team based care or implement a post-graduate residency training program at your health center.

Please keep watching this space for information on future sessions. To request technical assistance from our NCA, please email NCA@chcl.com for more information.

Learn More

https://www.weitzmaninstitute.org/ncaresources

Health Center Resource Clearinghouse



https://www.healthcenterinfo.org/



Contact Information

For information on future webinars, activity sessions, and learning collaboratives: please reach out to nca@chc1.com or visit https://www.chc1.com/nca